Permission Form for Prescribed Medication

TO BE COMPLETED BY SCHOOL PERSONNEL				
School:				
I/we acknowledge receipt of this Physician's Statement and Parent Authorization.				
Student Name: Date of Birth:				
Grade: Homeroom/Classroom:				
TO BE COMPLETED BY PHYSICIAN OR AUTHORIZED PROVIDER				
Name of medication:				
Reason for medication:				
Form of medication/treatment:				
□ Tablet/capsule □ Liquid □ Inhaler □ Injection □ Nebulizer □ Other				
Instructions (Schedule and dose to be given at school):				
Start: Date form received Other, as specified:				
Stop: Define Stop End of school year Other date/duration:				
□ For episodic/emergency events only				
□ Yes. Please describe:				
Special storage requirements: None Refrigerate				
Other:				
Physician's Signature Physician's Name:				
DatePhoneAddress:				
♦ ♦ ♦ For Self-Administration ONLY ♦ ♦ ♦				
Pursuant to KRS 158.832 to KRS 158.836 school permits a student to possess and self-administer asthma or anaphylaxis medication at school and at school-related functions upon completion of the following information by the parent/guardian and the student's physician and waiver of liability by the parent/guardian.				
This student has been instructed on self-administration of this medication: to be completed for asthmatic, diabetic or severe allergic reaction (anaphylaxis) <u>ONLY</u>				
□ No □ Supervision required □ Supervision not required				
This student may carry this medication:				
Please indicate if you have provided additional information:				
□ On the back side of this form □ As an attachment				

Signature:_____ Physician or Authorized Provider

TO BE COMPLETED BY PARENT / GUARDIAN

I give permission for	r (name of child)		is to receive the above stated medication at school according to	
standard school policy. I release theSchool Board and its employees from any claims or liability connected with its reliance on this permiss				
(Parent/guardians to bring the medication in its original container.)				
Date:	_Signature:		Relationship:	
Home phone:		Work phone:	Emergency phone:	

6A

Date